

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15293

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>5291</u>		Registrar's No. <u>48</u>			
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write "RURAL" and give township) <u>Rural Liberty</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY OR TOWN <u>Liberty</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.C.F. Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Ho's W. Franklin</u>				<u>6001</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GUARD</u>			b. (Middle) <u>L.</u>			c. (Last) <u>PEARSON</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>May 27-54</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 7 1871</u>	
9. AGE (In years last birthday) <u>82</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machine operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mill - farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kearney Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Paul Pearson</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Violet</u>			14. NAME OF HUSBAND OR WIFE <u>Ella Pearson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME - ADDRESS <u>Mrs. Platte Bailey - Liberty, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Atherosclerosis</u> ANTECEDENT CAUSES <u>Central Haemorrhage</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>no</u> one to (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>May 1, 1954</u> to <u>May 27, 1954</u> , that I last saw the deceased alive on <u>May 27, 1954</u> , and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wm. G. Goodson M.D.</u>				23b. ADDRESS <u>Liberty Mo.</u>			23c. DATE SIGNED <u>5/28/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 29-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Farmway</u>		24d. LOCATION (City, town, or county) (State) <u>Kearney Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May 28, 1954</u>		REGISTRAR'S SIGNATURE <u>Mabel Strahan</u>		491		25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS <u>Church - Archer Liberty, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

JUN 21 1954

JUN 22 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John L. Lantry*

Licensed Embalmer No. *441*
P. O. Address *Liberty*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.